# REPORT DOCUMENTATION PAGE

*Form Approved*
*OMB No. 0704-0188*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

**1. REPORT DATE** *(DD-MM-YYYY)*
Feb 2012

**2. REPORT TYPE**

**3. DATES COVERED** *(From - To)*
2012

**4. TITLE AND SUBTITLE**
NASA/JPL ePrognostics Technology to Support Fleet Remote Operations and Asset Health Management

**5a. CONTRACT NUMBER**

**5b. GRANT NUMBER**

**5c. PROGRAM ELEMENT NUMBER**

**6. AUTHOR(S)**

**5d. PROJECT NUMBER**

**5e. TASK NUMBER**

**5f. WORK UNIT NUMBER**

**7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**
NSWC PHD Air Dominance
4363 Missile Way
Port Hueneme, CA 93043-4307

**8. PERFORMING ORGANIZATION REPORT NUMBER**

**9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)**

**10. SPONSOR/MONITOR'S ACRONYM(S)**

**11. SPONSOR/MONITOR'S REPORT NUMBER(S)**

**12. DISTRIBUTION / AVAILABILITY STATEMENT**
Approved for public release; distribution unlimited

**13. SUPPLEMENTARY NOTES**
Presented at ASNE Day 2012, Crystal City, Arlington, VA February 9-10, 2012

**14. ABSTRACT**

**15. SUBJECT TERMS**

| **16. SECURITY CLASSIFICATION OF:** | | | **17. LIMITATION OF ABSTRACT** | **18. NUMBER OF PAGES** | **19a. NAME OF RESPONSIBLE PERSON** |
|---|---|---|---|---|---|
| **a. REPORT** | **b. ABSTRACT** | **c. THIS PAGE** | | 10 | **19b. TELEPHONE NUMBER** *(include area code)* |

**Standard Form 298 (Rev. 8-98)**
**Prescribed by ANSI Std. Z39.18**